

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		I				
17		I				
18						
19	I					
20	I					
21	I					
22	I	I				
23		I				
24		I				
25		I				
26		I				
27	I					
28	I					
29	I					
30	I					
31		I				
32						
33						
34						
35						
36		I				
37		I				
38	I					
39		I				
40	I	I				
41	I	I				
42		I				
43		I				
44	I	I				
45	I	I				
46						
47						
48						
49						
50						
Total Indep	8					
Total Depend	12					
Total Claims	20					

may be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
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95						
96						
97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						